



Texas Department of Health ImmTrac - Immunization Registry Registration Information Sheet

ImmTrac offers authorized healthcare providers, schools, and licensed child-care facilities two options for direct access to Texas' Immunization registry: (1) the ImmTrac Web Application; and (2) the ImmTrac Client/Server Application. ImmTrac also offers providers without computer access a means of reporting immunization information using the ImmTrac Paper Reporting Form. Please refer to the appropriate section below for registration information. Submit registration forms by mail or fax. Call or email the ImmTrac Help Desk with any questions.

Mail: Texas Department of Health
ImmTrac, Rm T-301
1100 West 49th Street
Austin, TX 78756

Fax: (512) 458-7790

ImmTrac Help Desk Phone: (800) 348-9158

Email: ImmTrac@tdh.state.tx.us

Option 1: ImmTrac WEB APPLICATION

The ImmTrac Web Application allows users to login to the web version of ImmTrac via their site's T1 line, DSL, or Internet Service Provider (ISP). After receiving the required registration forms, ImmTrac Staff will contact you by phone to provide a computer authentication code, user login information, and user training. Setup should only take a few minutes and may be done over the phone.

Required registration forms for the ImmTrac Web Application:

- Site Registration Form-Page 2
- Memorandum of Understanding and Confidentiality Statement (MOU)-Pages 4 and 5

Minimum Computer System Requirements:

- | | |
|---|--|
| • T1 line, DSL, or an Internet Service Provider | • Monitor set at 800X600 resolution |
| • Internet Explorer 5.5 or greater | • Internet Explorer text option set to "Medium" or "Small" |
| • Internet Explorer set to accept cookies | |

Option 2: ImmTrac CLIENT/SERVER APPLICATION

The ImmTrac Client/Server Application allows users to dial directly into the ImmTrac communication server via their computer's modem. After receiving the required registration forms, ImmTrac Staff will contact you to schedule installation and training.

Required registration forms for the ImmTrac Client/Server Application:

- Site Registration Form-Page 2
- Technical Form for Client/Server Software Installation-Page 3
- Memorandum of Understanding and Confidentiality Statement (MOU)-Pages 4 and 5

Minimum Computer System Requirements:

- | | |
|------------------------------|--------------------------------|
| • 486DX - 33 MHz | • Analog phone line |
| • 16 MB of RAM | • Windows 95 or greater |
| • 18 MB free hard disk space | • Microsoft Dial-up Networking |
| • 28.8K modem | • Client for Microsoft TCP/IP |

Paper Reporting:

Providers who cannot meet the minimum computer system requirements for direct access to ImmTrac can submit client immunization information to ImmTrac using the ImmTrac Paper Reporting Form. ImmTrac staff will mail the provider a reporting form packet containing an instruction page, reporting forms, continuation pages, and a User Tip Sheet for data quality.

Required registration form for the ImmTrac Paper Reporting Form:

- Site Registration Form-Page 2



**Texas Department of Health
ImmTrac - Immunization Registry
Site Registration Form**

Please check a box below for the ImmTrac reporting method this site wishes to use:

☒ ImmTrac Web

☐ ImmTrac Client/Server

☐ ImmTrac Paper Reporting Form

Site Name: _____
Address: _____
City: _____ State: TX Zip: _____ County: _____
Phone#: (_____) _____ Fax #: (_____) _____
Mailing address (if different): _____
City: _____ State: TX Zip: _____ County: _____
Days open: _____ Hours open: _____
Physician's name (if applicable, not necessary for school/daycare): _____
➤ Co-located with other physicians? Y / N

Required Site Headquarters Information for ALL registrants: If a primary office owns/manages this site (e.g. this site is a sub-office, satellite office, or mobile unit), please include the primary office's information below. If this site does not have a primary office, enter "NA". For SCHOOLS, record the school district office information.

Name: _____
Address: _____
City: _____ State: TX Zip: _____ County: _____
Phone#: (_____) _____ Fax #: (_____) _____

Is this site a public health facility/public provider? Y / N

Does this site currently report immunization data to the Texas Department of Health? Y / N

Please indicate (if applicable) which of the following programs AND the ID number this site uses/has used to bill immunizations: ICES/TWICES Site ID: _____ Medicaid Provider #: _____

WIC Site ID: _____

Facility Type:

Is this site ? ____ Primary Office ____ Sub-Office (satellite office) ____ Mobile Unit (vehicular travel or laptop)

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> CH - Community Health Center | <input type="checkbox"/> R - TDH Regional Office | <input type="checkbox"/> CU - College / University |
| <input type="checkbox"/> FQ - Federally Qualified Health Center | <input type="checkbox"/> L - Local Health Department | <input type="checkbox"/> TY - TX Youth Commission Clinic/School |
| <input type="checkbox"/> MC - Managed Care Facility | <input type="checkbox"/> RD - Rural Health Department | <input type="checkbox"/> S - School ____ Public or ____ Private |
| <input type="checkbox"/> MH - Migrant Health Center | <input type="checkbox"/> RC - Rural Health Clinic | <input type="checkbox"/> SB - School Based Clinic |
| <input type="checkbox"/> PI - Private Practice Individual | <input type="checkbox"/> W - WIC clinic | <input type="checkbox"/> DC - Daycare/Child-care Facility: include child-care license number (required) |
| <input type="checkbox"/> PG - Private Practice Group | <input type="checkbox"/> NP - Not for Profit | lic # _____ |
| <input type="checkbox"/> PV - Private Hospital | <input type="checkbox"/> OC - Other Public Clinic | <input type="checkbox"/> RX - Pharmacy (paper reporting only) |
| <input type="checkbox"/> OP - Other Private Practice | <input type="checkbox"/> PU - Public Hospital | |

Name of Contact person: _____

Email address of contact: _____

Name of site's Network/Technical Support person: _____

Please have Network/Technical Support person answer the following questions for ImmTrac Web Applications:

1. How many computers are to be setup? _____
2. Are your computers on a Network? _____ If yes, do local machines have a hard drive? _____
3. Where are cookie files stored? (local machine or server) _____
4. Are cookies deleted/cleaned up on a regular basis? _____

Name of person filling out form: _____

Date: _____

Names of personnel to use

ImmTrac: _____

Thank you for completing this form in its entirety

TEXAS DEPARTMENT OF HEALTH – IMMUNIZATION DIVISION

QUESTIONS? IMMTRAC HELP DESK (800) 348-9158

FAX: (512) 458-7790

MAIL: TEXAS DEPARTMENT OF HEALTH, IMMTRAC, RM T-301, 1100 W 49TH ST., AUSTIN, TX 78756

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OFFICE USE ONLY:
PFS #:

DATE:

STAFF:



Texas Department of Health
ImmTrac - Immunization Registry
Technical Form for Client/Server Software Installation

****Only complete this form if requesting Client/Server access. DO NOT complete this form for Web Access or Paper Forms****

Please complete this form in its entirety for each computer on which the ImmTrac Client/Server software will be installed

Please note:

- The Client/Server Application can only be accessed with a dial-up connection.
- The modem cannot be used to connect simultaneously with any other dial-up application (including the Internet/Internet Service Provider) while the user is connected to the ImmTrac server.
- The Client/Server Application cannot be accessed through a site's Network or Internet Service Provider.

Site Name: _____

Site Address: _____

City: _____ State: TX Zip: _____ County: _____

On Site Contact: _____

Phone #: _____ Fax #: _____ Email Address: _____

1. Computer Brand: _____

Type: 486 Pentium Other _____

Speed: _____ MHz

Memory (RAM): _____ MB

Free hard disk space: _____ GB _____ MB

What version of Windows Operating System is installed? _____

Minimum Requirements:

- ❖ 486DX - 33 MHz
- ❖ 16 MB of RAM
- ❖ 18 MB free hard disk space
- ❖ 28.8K modem
- ❖ Analog phone line
- ❖ Windows 95 or greater
- ❖ Microsoft Dial-up Networking
- ❖ Client for Microsoft TCP/IP

Please fill out the appropriate connection information:

2. Working Hayes-compatible modem? Y/N

Brand: _____ Speed: _____

Internal or External? Connected to an analog phone line? Y/N

Connected to a multi-phone line? Y/N Do you use a modem pool? Y/N

3. Network Connection? Y/N

Type: _____ Version: _____ What type of TCP/IP? _____

4. On the Windows Operating System:

Is Microsoft Dial-up Networking installed? Y/N

Is TCP/IP installed? Y/N

If any answer to 4 is "No", how does your modem dial out, and what protocol do you use? _____

5. Does this site have an Internet Service Provider? Y/N DSL? Y/N T1 line Y/N

6. What software is installed on this computer: TDHConnect? Y/N

WICWIN? Y/N TWICES/ICES? Y/N Is this an SXUTIL machine? Y/N

Other software installed: _____

Any DOS-based applications used? Y/N

7. Technical support person for this computer: _____

Thank you for completing this form in its entirety

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Phone #: _____ Pager #: _____ Fax #: _____

Is this person on site? Y/N

If no, will this person be accessible to provide technical assistance if needed? Y/N

Additional

Comments: _____

—

Form filled out by: _____ Date: _____

Thank you for completing this form in its entirety

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Texas Department of Health
ImmTrac - Immunization Registry
Memorandum of Understanding and Confidentiality Statement (MOU)

This agreement and confidentiality statement, by and between the Texas Department of Health (TDH, hereinafter) and _____ (Provider, hereinafter) made and entered into on _____ concerning the _____ (Site Name) _____ (Date) access and use of ImmTrac, the statewide immunization registry.

1. TDH agrees to:

- A. Provide ImmTrac software.
- B. Provide access on existing and compatible provider computers.
- C. Provide service and support for the ImmTrac software, but will not support other software or hardware defects or problems that are unrelated to ImmTrac.
- D. Provide training and support to provider staff on using the immunization registry, including periodic provider briefing sessions as needed.
- E. Provide a Help Desk for assistance with questions and technical support. The Help Desk is available Monday through Friday from 8:00 am to 4:00 pm by calling (800) 348-9158.
- F. Maintain registry data from participant's birth to age eighteen.
- G. Maintain registry information privacy in accordance with state and federal law.

2. Provider staff agrees to:

- A. Keep a list of their site's authorized ImmTrac users, and notify the Help Desk at (800) 348-9158 of any change of provider staff accessing ImmTrac.
- B. Ask all parents, managing conservators, or guardians for their written consent to enter their child's identifying and immunization information into the immunization registry, ImmTrac. File the consent for ImmTrac in the child's chart.
- C. With the consent of the parent, managing conservator, or guardian, enter the child's past (if available), present and future immunization data into the immunization registry, ImmTrac.
- D. Instruct provider personnel on the confidentiality of information in the ImmTrac database. (If an immunization history is requested, print from the immunization history report.)
- E. Ensure that ImmTrac or any immunization information is not used in a punitive manner (e.g. to deny services or track immigration status.)
- F. Loss of user rights if abuse of registry data is suspected.
- G. Allow other providers to enter into this same agreement with TDH and participate in the immunization registry.
Note: Using accurate identifying data any provider can "view" any client immunization record in the database.
- H. For the purpose of assuring the quality and accuracy of the consented data submitted to the immunization registry, allow TDH to compare the provider's immunization records to children whose name appear in the registry and are linked to the provider.
- I. Notify the Texas Department of Health if the computer using ImmTrac is to be surplus or assigned. TDH will provide instructions for removing the ImmTrac software from the computer.

Thank you for completing this form in its entirety



Texas Department of Health
ImmTrac - Immunization Registry
Memorandum of Understanding and Confidentiality Statement (MOU) cont.

3. Confidentiality Statement:

By signing this confidentiality statement, I certify that I have read this confidentiality statement and agree to comply with the following:

1. I will distribute copies of this confidentiality statement to staff accessing ImmTrac.
2. Agree to be held responsible for my staff's actions regarding information contained in the registry.
3. The information entered in the ImmTrac registry is confidential and must be used only for the purpose it is collected.
4. Unauthorized disclosure of personally identifiable information is prohibited.
5. Any unauthorized disclosure of registry information will result in my losing the ability to access the ImmTrac application.
6. I agree **not** to disclose any past, present, and future immunization records other than to a parent of the child and any of the following:
 - (A) public health district;
 - (B) local health department;
 - (C) physician to the child;
 - (D) school in which the child is enrolled; and
 - (E) licensed child-care facility in which the child is enrolled.
7. I agree **not** to share the ImmTrac User ID and password with unauthorized users.
8. I verify that I am an authorized ImmTrac registry user, and I will use the security level assigned by the Texas Department of Health.
9. I have read and agree to the terms on this Memorandum of Understanding and Confidentiality Statement.

Print Name of Authorized Personnel

Signature of Authorized Personnel

Date: _____

List of staff to access ImmTrac under the agreement of this MOU:

Thank you for completing this form in its entirety

Office Use Only

Staff Signature: _____ Date Received: _____

Thank you for completing this form in its entirety